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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 3					
CLAIMS AS FILED – PART I (Column 1) (Column 2)								SMALL E	ENTITY	OR		R THAN ENTITY	
	FOR		`	R FILED	ER EXTRA	RATE		FEE		RATE	FEE		
	C FEE FR 1.16(a))								s	OR		\$	
TOT	AL CLAIMS CFR 1.16(c))		minus 20 = *				1	× s =		OR	× \$=		
INDE	PENDENT CLAIN FR 1.16(b))	1S	minus 3 = *			· · · · · ·	1	x s =		OR	x \$=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						1	+s =		OR	+\$ =			
* If the difference in column 1 is less than zero, enter "0" in column 2.							1	TOTAL		OR	TOTAL		
in the difference in column 1 is less than zero, cited of in column z.													
CLAIMS AS AMENDED - PART II										R THAN			
0	(-(O)-((Column 2)	(Column 3)	1	SMALL	ENTITY	OR 1	_	SMALL ENTITY	
AMENDMENT A		CLAI REMAI AFT AMEND	NING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	\cdot	}	, Minus	90	=		× \$=		OR	x s=		
I Z	Independent (37 CFR 1.16(b))	• (7	Minus	~ 3	=]	× \$=		OR	× \$=		
ĕ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ =		OR	+ s=	-	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
(Column 1) (Column 2) (Column 3)													
INT B		CLAI REMAI AFT! AMEND	NING ER	0	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
]ME	Total (37 CFR 1.16(c))	*		Minus	**	=		x \$=		OR	× \$=		
AMENDMENT	Independent (37 CFR 1.16(b))	•		Minus	***	=		× \$=		OR	× \$=		
AR	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+s =		OR	+ \$=		
							-	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Colum	ın 1)		(Column 2)	(Column 3)				_			
AMENDMENT C		CLAI REMAI AFT AMEND	NING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•		Minus	**	=		× \$=		OR	x \$=		
EN	Independent (37 CFR 1.16(b))	•		Minus	***	=		x \$=		OR	× \$=		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						1	+ \$ =		OR	+ s =		
								TOTAL ADD'L FEE	<u> </u>	OR	TOTAL ADD'L FEE		
					y in column 2, wr					J ~''			
					IN THIS SPACE								

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 0 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED FOR NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 X S OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2, TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS REMAINING HIGHEST ⋖ **PRESENT** NUMBER RATE ADDI-RATE ADDI-ENT **EXTRA** PREVIOUSLY TIONAL FEE AFTER TIONAL AMENDMENT PAID FOR FEE Total (37 CFR 1.16(c)) Minus ENDM X \$ OR Independent (37 CFR 1.16(b)) Minus OR ΣY FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL OR ADD'L FEE ADD'I FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ω REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENT **PREVIOUSLY EXTRA** TIONAL **AFTER** TIONAL **AMENDMENT** PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus NDM OR Minus Independent (37 CFR 1.16(b)) Ш = X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST O PRESENT REMAINING RATE NUMBER ADDI-RATE ADDI-ENT PREVIOUSLY **EXTRA** AFTER TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus NDM OR X \$ Minus 面 OR AM FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR = TOTAL TOTAL OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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Application or Docket Number

	FAIENIA	PPLICATIO Effecti	ve October			M NECO			UN.	l	224	13
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL	
TOTAL CLAIMS							RA'	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE		OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*		X\$	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*		X4	X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				+14	0=		OR	+280=	v
* If the difference in column 1 is less than zero, enter "0" in column 2							TO1	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							011		ENTITY	OR	OTHER SMALL I	
AMENDMENT'A.		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
MQ	Total	1100	Minus	** ~	00	= 0	X\$	9=		OR	X\$18=	0
MEI	Independent	30	Minus	***	3	= 0	X4:	2=		OR	X84=	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	0=.		OR	+280=	0	
							ADDIT	TAL.		OR	TOTAL ADDIT, FEE	0
	,	(Column 1)		(Colu	mn 2)	(Column 3)		FEE	Ч		, , , , , ,	
AMENDMENTB		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOZ	Total	· 1B	Minus	** _	20	=	X\$	9=		OR	X\$18=	
AME	Independent	* .3	Minus	***	3	=	X4	2=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEPE	NDEN	I CLAIM		+14	0=		OR	+280=	
							ADDIT	OTAL FEE		OR	TOTAL ADDIT. FEE	
	,	(Column 1)			ımn 2)	(Column 3						
ENTB		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT &	Total	.13	Minus	** (9Q	=	X\$	9=		OR	X\$18=	
	Independent	. 3	Minus	***	5	=/	X4	2=		OR	X84=	
٢	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	IT CLAIM		+14	-		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												